

Number of children at a birth, a separate return must be made for each, in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### STANDARD CERTIFICATE OF BIRTH

State File No. 184  
Registered No. 338

#### 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 139 Mexican Opn St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pantaleon Sandobal { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 27 1928  
Month Day Year

8. FATHER  
Full name Pioquinto Sandobal  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

13. Occupation miner  
Nature of industry Copper

14. MOTHER  
Full maiden name Soledad Sandobal  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 7 { (a) Born alive and now living 5  
(b) Born alive but now dead 2  
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. yes

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was alive at 5:50 A m. on the date above stated.  
(Born alive or stillborn)

{ \* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. }  
Signature Jr. J. Miller  
mid  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_  
Filed Aug 1 19 28 R. E. J. Miller  
Registrar. Registrar.

723-727-223